



## Gas Permit Application

Park Enterprises Ltd.  
#10, 491 W.T. Hill Blvd,  
Lethbridge, AB T1J 1Y6  
Phone: 1(800) 621-5440  
Fax: 1(866) 406-8484  
Email: contact@parkenterprises.ca

**Permit Applicant:**  Owner  Contractor

**Application Date (mm/dd/yyyy):** \_\_\_\_\_

**Estimated Start Date (mm/dd/yyyy):** \_\_\_\_\_

**Development Permit No. (if applicable):** \_\_\_\_\_

**Estimated Completion Date (mm/dd/yyyy):** \_\_\_\_\_

**Building Permit No. (if applicable):** \_\_\_\_\_

**Value of Work (labour & materials):** \_\_\_\_\_

**Owner Name (printed):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Contracting Company Name (printed):** \_\_\_\_\_

**Contact Name (printed):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Project Location

Municipality: \_\_\_\_\_ Subdivision/ Hamlet Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_

Street/ Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_

\*Legal land description is required

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LSD: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):**

Work has not started  Work is in progress  Work is complete

### WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY/ FUEL TYPE	TYPE OF WORK	NUMBER OF OUTLETS
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> New <input type="checkbox"/> Refill Centre <input type="checkbox"/> Addition <input type="checkbox"/> Service Connection <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Annual Permit <input type="checkbox"/> Accessory Building <input type="checkbox"/> Grain Dryer: <input type="checkbox"/> Portable <input type="checkbox"/> Non-Portable <input type="checkbox"/> Manufactured/ RTM Home - foundation type: _____ <input type="checkbox"/> Propane Tank - size: _____ <input type="checkbox"/> Propane Tank Set - manifolded _____ <input type="checkbox"/> Temporary Service/ Heat - # of units: _____ <input type="checkbox"/> Other (specify): _____	Furnace: _____ Unit Heater: _____ Water Heater: _____ Boiler: _____ Fireplace: _____ BBQ: _____ Dryer: _____ Range: _____ Secondary Gas Line: _____ Other (specify): _____
<b>FUEL TYPE:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		<b>Total # of Outlets:</b> _____ <b>Project Total BTU:</b> _____

**FOIP Notification:** The personal information required by the Town of Diamond Valley application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley T0L 0H0.

Certified Installer's Name (please print)

Certification No.

Certified Installer's Signature

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

### OFFICE USE ONLY

**Other Permits Required**  Building  Electrical  Plumbing  Private Sewage  Not Applicable

[Received Date Stamp]

Permit Fee: \$ \_\_\_\_\_

SCC Levy: \$ \_\_\_\_\_  
(\$4.50 or 4% of the permit fee maximum \$560.00)

Travel Fee: \$ \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Invoiced  Cash  Cheque  Debit  
 Credit Card  Visa  MC (attach signed credit card authorization form)

eSITE Permit No.: \_\_\_\_\_

Agency File No.: \_\_\_\_\_